



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



APPLICATION FOR A CHECK CASHING SERVICE LICENSE

Application is hereby made for a license under Chapter 668 Part IV
of the Connecticut General Statutes.

1. In what capacity will the Applicant engage in the check cashing service? (Please check appropriate box)

☐ General Facility ☐ Limited Facility

2. Name of Applicant: _____
(Complete name under which business is conducted)

D/B/A Name (If applicable) _____

2a. Telephone No.: _____ 2c. Fax No: _____

2b. E-mail Address: _____

3. Location of principal office under this application:

(Number and Street) (City) (State) (Zip Code)

Mailing address if different from location of principal office to be licensed:

(Number and Street) (City) (State) (Zip Code)

List all locations to be licensed including the principal office, if applicable.

General/Limited Facility Location		License Number (if applicable):			
Street Address		City	State	Zip Code	Please check one
					<input type="checkbox"/> General <input type="checkbox"/> Limited
Telephone Number	Fax Number	e-mail Address		Days of Operation	Business Hours

General/Limited Facility Location		License Number (if applicable):			
Street Address		City	State	Zip Code	Please check one
					<input type="checkbox"/> General <input type="checkbox"/> Limited
Telephone Number	Fax Number	e-mail Address		Days of Operation	Business Hours

If space is needed for additional Proposed Facility Locations, please use General/Limited Facility Attachment Sheet.

4. Is the Applicant presently engaged in the check cashing service business? Yes ☐ No ☐ If yes, please answer 4(a) & 4(b).

(a) Date business commenced: _____

(b) States in which Applicant operates: _____

5. Form of organization: _____
(Sole Proprietorship, Partnership, Corporation, Limited Liability Company ("LLC"), etc.)

If incorporated, State and date of incorporation. If an LLC, the State and date of formation of the LLC.

(State) (Date)

a. Federal Employer Identification Number: _____

b. If a Sole Proprietorship, Federal Social Security Account Number: _____

6. Full given name and residence (P.O. Box is not acceptable) of the owner or partners. In the case of a corporation, association or trust, list the directors, trustees and principal officers. In the case of an LLC, list each member.

FULL GIVEN NAME TITLE RESIDENCE DATE OF BIRTH OTHER OCCUPATION

7. Are you engaged or do you intend to engage in the check cashing service business in conjunction with any other business?
Yes ☐ **No** ☐ **If yes, specify other business in detail: (use attachment to application if needed.)**

8. Full given name and residence of principal contact person.

Full Given Name	Number and Street	City	State	Date of Birth
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8a. Full given name, title, business address and **direct** telephone number of person with to whom complaints should be directed.

Full Given Name	Title	Number and Street	City	State	Telephone Number
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9. Has the Applicant or any employee, officer, director or similar person, whether an independent contractor or not:

(a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?
Yes ☐ **No** ☐

(b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency?
Yes ☐ **No** ☐

(c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or had such an application ever been withdrawn?
Yes ☐ **No** ☐

(d) ever been a defendant in any litigation of any type filed against the Applicant or any employee, officer or director thereof, in connection with the money service business?
Yes ☐ **No** ☐

If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.

10. If the Applicant is a corporation, full given name and residential address (P.O. Box is not acceptable) of any stockholder owning 10% or more of the outstanding stock in the corporation. If the Applicant is a partnership or an LLC, full given name, residential address and list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and all directors of such corporation together with the title, residential address and date of birth of each principal officer and director.

FULL GIVEN NAME	NUMBER AND STREET	CITY/STATE	% OF OWNERSHIP
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11. Is the applicant an agent or subagent of any money service business (i.e. money transmitter or issuer of money orders, travelers checks, etc.) **at this location?** **Yes** ☐ **No** ☐ **If yes, please list names and addresses of all such money service providers.**

SIGNATURE OF APPLICANT

By: _____	_____
Signature	Print Name & Title

STATE OF _____

COUNTY OF _____

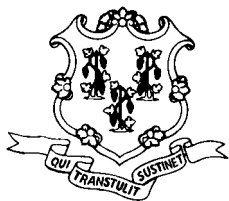
On this _____ day of _____, 20____,

personally appeared _____
(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

_____ (Notary Public) or (Commissioner of Superior Court)	_____ (Commission Expiration Date)
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NOTE: If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts, deeds and other instruments under seal.



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Proposed Facilities Attachment Sheet

Proposed Facility Location					
Street Address		City	State	Zip Code	General or Limited Facility
Telephone Number	Fax Number	e-mail Address		Days of Operation	Business Hours

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Street Address		City	State	Zip Code	General or Limited Facility
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